



CITY OF NEW BEDFORD HEALTH DEPARTMENT
1213 Purchase St. New Bedford, MA 02740
508-991-6199

ANNUAL BODY ART ESTABLISHMENT/ PRACTITIONER ADVISORY

Dear Licensee:

On June 30th licenses to operate a Body Art Establishment **and/or** to Practice Body Art will expire.

The fee for an annual practitioner's license is \$200.00 and the annual establishment license fee is \$250.00. All applications for renewal received after **June 1st** will be subjected to late filing fees (20% of license fee).

If you are an **"Establishment" owner/operator renewal candidate;**

- Submit **proof of liability and worker's comp coverage** with your application.
- On your application, please remember to provide tax information, sign and date.
- Attach all required documentations.

If you are a **"Practitioner" renewal candidate:**

- Evidence of active professional liability insurance in limits not less than 1MM/3MM.
- Proof of a negative skin test result for tuberculosis taken no later than 60 days prior to application
If you are unable to undergo a Tuberculosis skin test due to having received a positive tuberculosis test result in the past, then please complete the Tuberculosis Symptom Screening Questionnaire.
- Copy of a current first aid / cardiopulmonary resuscitation (CPR) certification.
- Copy of current Bloodborne pathogen training

Payment for permit must be made in the form of a check, money order or postal note payable to the City of New Bedford, cash is not accepted.

All applications must be filed at or mailed to:

City of New Bedford Health Department
1213 Purchase Street – 1st fl
New Bedford, MA 02740

If you have any questions or require further assistance, please contact the Health Department @ (508) 991-6199. This will be your only reminder. Thank you for your cooperation.

Very truly yours,

New Bedford Board of Health



NEW BEDFORD BOARD OF HEALTH APPLICATION FOR BODY ART LICENSE

Fee Paid: _____

Check#: _____

Receipt#: _____

Initial Application ☐ Renewal Application ☐ Amendment Request ☐

Application Type: ☐ Body Art Practitioner ☐ Body Art Establishment ☐ Body Art Apprentice
☐ Guest Artist ☐ Piercer ☐ Dermal Piercer ☐ Cosmetic Tattooing

PART 1: IDENTIFICATION

Name: _____ Tel. _____

Mailing Address: _____

City, State, Zip: _____

List the establishment name, address, telephone number, and the owner and the operator's name (if different), for each Body Art Establishment where applicant's Body Art will be provided:

<u>Establishment</u>	<u>Owner & Operator</u>	<u>Address</u>	<u>Telephone</u>
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1. _____

2. _____

PART II: BODYART PRACTITIONERS AND OPERATORS ONLY (fill in where applicable)

CREDENTIALS

<u>Program/Course/Organization</u>	<u>Successfully Completed?</u>
<u>Name & Location</u>	<u>Dates Attended</u> <u>Yes/No</u>

Blood borne Pathogens: _____

First Aid and CPR: _____

Skin Disease/Disorders: _____

Anatomy: _____

Dermal Piercing training: _____

Cosmetic/ Microblading Training: _____

✓ Attach copies of your certificates of completion, including course hours and description.

List Certifications or Licensure from regulatory agencies, municipalities and /or states, now or formerly held:

_____ (✓ attach copy of certificate or license)

_____ (✓ attach copy of certificate or license)

List Professional Body Art Association Membership:

_____ (✓ attach copy of certificate or license)

_____ (✓ attach copy of certificate or license)

Attach the following documentation to this application (for new Practitioner):

- ☐ A face-front picture and copies of two forms of positive identification (birth certificate, passport, etc.).
- ☐ Proof of a routine medical examination by a physician within 12 months of this application.
- ☐ Proof of a negative skin test result for tuberculosis taken no later than 60 days prior to application.

☐ (Renewal applications are only) Negative skin test result for tuberculosis taken no later than 60 days prior to application. *If you are unable to undergo a Tuberculosis skin test due to having received a positive tuberculosis test result in the past, then please complete the Tuberculosis Symptom Screening Questionnaire.*

TRAINING AND EXPERIENCE (Practitioners, Apprentices and Guest Artist)

List the establishment names, locations and telephone numbers, and the operators' names, of the organizations where you have been involved in the provision of Body Art in the past 5 years:

Have you ever had a license to provide Body Art or a license to operate a Body Art Establishment suspended or revoked? Yes ☐ (provide details); No ☐

Have you ever been convicted of a felony? Yes ☐ No ☐

Have you been convicted of misdemeanor in the last five years? Yes ☐ No ☐

(√ If your answer to either of the forgoing questions is yes, attach a separate sheet with complete details including when, where, for what offense, in which court, and with what sentence. Note that you are not required to furnish information for any offense committed prior to your 17th birthday.)

Provide the name, address, telephone number and relationship of three references:

	<u>Reference Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship to Applicant</u>
1.	<hr/>			
2.	<hr/>			
3.	<hr/>			

PART III: BODY ART ESTABLISHMENT APPLICATIONS ONLY

List names of each Practitioner who will provide Body Art at this Establishment:

1.

2.

3.

Establishment Days and Hours of Operation:

 Number of Employees:

Provide a complete description of all Body Art procedures to be performed in the Establishment:

Attach the following documentation to this application: (for new establishments only)

- ☐ A floor plan, drawn to scale of the Establishment
- ☐ The manufacturer, model no., model year and serial no. of the autoclave(s) to be used in the Establishment ☐ N/A – Single use disposable only
- ☐ Material Safety Data Sheets for each ink or dye to be used in the Establishment.
- ☐ Proof of a contract to provide proper disposal of medical waste and sharps.
- ☐ Proof of active professional liability coverage.
- ☐ Signed acknowledgement of Tattoo Regulations

PART IV: ATTESTATION

I certify under penalty of perjury that the information contained in this application is complete and truthful. I authorize the City of New Bedford, its agents and the employees to conduct an investigation into the truthfulness of the information contained herein and further authorize the release of any pertinent information regarding my education, past employment or background. I also attest that I have read and intend to comply with the Board of Health Regulations governing Body Art and understand that the discovery of false or inaccurate information in this application could result in the suspension or revocation of any license which may be issued by the Board of Health.

Signed:

 Date:

Tax ID #:

 Type: ☐ FEIN or ☐ SSN

(Date)

Board of Health
City of New Bedford
1213 Purchase St
New Bedford, MA 02740

To Whom it may concern:

I hereby certify that _____(name) was seen in our office for examination on _____ (date) and found to be in a good health. I am sending report of my findings and recommendations directly to you, including a report from a certified laboratory for a skin TB exam, in connection with his/her application for a body art practitioner's (or Body Art establishment) license in New Bedford.

Yours truly,

_____, M.D./D.O
(Name of Physician)

(Office Location)

(City/Town, Zip Code)

(Telephone)